



1242 - 280<sup>TH</sup> Street  
Inwood, IA 51240  
Telephone: 712-986-5193  
Fax: 712-986-2301  
Email: [ihills@inspirationhills.org](mailto:ihills@inspirationhills.org)  
[www.inspirationhills.org](http://www.inspirationhills.org)

## WEEKLY VOLUNTEER APPLICATION

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Age \_\_\_\_\_  
Min 18 by May

Church \_\_\_\_\_ Shirt size \_\_\_\_\_

Position at work or School \_\_\_\_\_

1. List any camp or similar experience you have had.
2. List particular skills or interest that might be helpful at Camp.
3. Give the attached reference forms to "two" individuals you know and have them forwarded to Inspiration Hills. Also list those two references on your application.  
Reference List.

a. Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

b. Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

4. In one paragraph, explain why you would like to be a weekly volunteer.
5. What would be your personal goal for the week and how would you hope to accomplish that goal?
6. In one paragraph, share what it means for you to be a Christian.
7. List any convictions you have other than minor traffic violations.
8. Do you have any physical limitations, allergies or special dietary needs that would be helpful for us to know in order to better serve you in your work with us?
9. If you are a nurse please include the nursing school you graduated from, the year, address and degree you received, and a copy of your current nursing certificate.

Return to: **Inspiration Hills**  
**Att: Program Director**  
**1242 280<sup>th</sup> Street**  
**Inwood, IA 51240**

**Return ASAP**



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## VOLUNTEER RECOMMENDATION FORM

This form to be completed by a Christian worker such as a pastor, youth pastor or youth leader.

I, \_\_\_\_\_, am applying to serve as \_\_\_\_\_ in the summer camp ministry program at Inspiration Hills.

Your frank appraisal will assist the Director in evaluating my qualifications and abilities. When you have completed the form, please mail it to the above address. Thank you for your immediate help with this.

\_\_\_\_\_  
 (Applicants Signature)

**General Impression**  
 (Check what you believe to be applicable)

List any general or specific comments regarding the applicants character/personality/abilities.

	Excellent	Above Average	Average	Below Average	Poor	No Information	
Spiritual commitment:	___	___	___	___	___	___	_____
Influence on others:	___	___	___	___	___	___	_____
Attitude toward Church:	___	___	___	___	___	___	_____
Judgment:	___	___	___	___	___	___	_____
Dependability:	___	___	___	___	___	___	_____
Cooperation:	___	___	___	___	___	___	_____
Ability to receive instructions:	___	___	___	___	___	___	_____
Initiative /resourcefulness	___	___	___	___	___	___	_____
Intellect:	___	___	___	___	___	___	_____
Adaptability:	___	___	___	___	___	___	_____
Emotional Stability:	___	___	___	___	___	___	_____
Appearance:	___	___	___	___	___	___	_____

Do you recommend this applicant? yes no

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please give any further information that would be helpful to the Director in appraising the applicant. (Use other side.)

Name \_\_\_\_\_  
 Address \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_(h)  
 (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_(w)

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Inspiration Hills**  
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## VOLUNTEER RECOMMENDATION FORM

This form to be completed by an adult friend, teacher, or (past) employer.

I, \_\_\_\_\_, am applying to serve as \_\_\_\_\_ in the summer camp ministry program at Inspiration Hills.

Your frank appraisal will assist the Director in evaluating my qualifications and abilities. When you have completed the form, please mail it to the above address. Thank you for your immediate help with this.

\_\_\_\_\_  
 (Applicants Signature)

**General Impression**  
 (Check what you believe to be applicable)

List any general or specific comments regarding the applicants character/personality/abilities.

	Excellent	Above Average	Average	Below Average	Poor	No Information	
Spiritual commitment:	___	___	___	___	___	___	_____
Influence on others:	___	___	___	___	___	___	_____
Attitude toward Church:	___	___	___	___	___	___	_____
Judgment:	___	___	___	___	___	___	_____
Dependability:	___	___	___	___	___	___	_____
Cooperation:	___	___	___	___	___	___	_____
Ability to receive instructions:	___	___	___	___	___	___	_____
Initiative /resourcefulness	___	___	___	___	___	___	_____
Intellect:	___	___	___	___	___	___	_____
Adaptability:	___	___	___	___	___	___	_____
Emotional Stability:	___	___	___	___	___	___	_____
Appearance:	___	___	___	___	___	___	_____

Do you recommend this applicant? yes no

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please give any further information that would be helpful to the Director in appraising the applicant. (Use other side.)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_(h)  
 (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_(w)  
 Position \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# INSPIRATION HILLS

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, hereby authorize Inspiration Hills and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Company.

I release Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Present Address How Long?

\_\_\_\_\_  
City/State Zip?

\_\_\_\_\_  
Phone?

\_\_\_\_\_  
Former Address How Long?

\_\_\_\_\_  
City/State Zip?

\_\_\_\_\_  
\*Date of Birth      Social Security Number      Driver's License Number      State of License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Company is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

Position applied for: \_\_\_\_\_